



WASHINGTON MILITARY DEPARTMENT Waiver and Authorization to Release Information – Security Positions

TO WHOM IS MAY CONCERN

I am an applicant for an armed Security Guard position with the Washington Military Department. The Washington Military Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications and fitness to hold the position for which I have applied. I have authorized the Washington Military Department to gather all available information regarding my employment background, personal history, and other information that may be of a confidential or privileged nature.

I, the undersigned, authorize you to furnish the Washington Military Department and its agents with any and all information that you have concerning me, including without limitation my work record, including background reports, complaints or grievances filed by or against me; my background and reputation; my criminal history, including any arrest records and any information contained in investigator files, my medical records, my psychological testing and analysis plus recommendations; my military service records; my education background and records, including transcripts; and such other records reasonably related to my fitness to work for the Washington Military Department. Information of a confidential or privileged nature may be included in the materials you provide to the Washington Military Department. I request your cooperation in supplying this information to the Washington Military Department.

I hereby agree to release you and those who supplied you with the above information, your company or organization, your employees, and the Washington Military Department from any liability for any damage, which may result from furnishing the requested information.

I understand my rights to request access to any public records relating to me pursuant to Title 5, United States Code, Section 552, a, the Privacy Act of 1974, the freedom of information act and Revised Code of Washington (RCW) 42.17 et seq., and specifically waive those rights, understanding that the information furnished will be used by the Washington Military Department in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to the Washington Military Department in conjunction with this employment process. I hereby expressly waive any rights I may have to request the disclosure of information provided by you to the Washington Military Department with employment procedures.

A photocopy of this release form will be valid as original.

TO BE COMPLETED BY THE APPLICANT

Print Name:	Signature (must be signed in the presence of a notary:	Date:
Date of Birth:	Other Names you have been known by, including marriage, maiden or nickname	

NOTARY SIGNATURE

SUBSCRIBED AND SWORN before me this _____ day of _____, _____.

_____ Notary of Public and for the

State of Washington. My Commissions Expires _____.